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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration
Submitted
With Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

NC 96090

First Named Inventor

Cline et al.

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Multiple Engine Test System

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|--|---------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | Yes | No |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☐ Customer Number: OR ☒ Correspondence address below

Name

Mark O. Glut, Office of Counsel, Air-11.2

Address

47123 Buse Rd, Unit IPT B2272/S257

City

Patuxent River

State

Maryland

ZIP

20670

Country

USA

Telephone

301-757-0582

Fax

301-757-2940

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle (if any))

Edward D.

Family Name

or Surname

Cline

Inventor's
Signature

Date

3/01/04

Residence: City

New Bern

State

N.C.

Country

USA

Citizenship

USA

Mailing Address

426 Dry Maria Rd.

City

New Bern

State

NC

ZIP

28562

Country

USA

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle (if any))

Jay A.

Family Name

or Surname

Cline

Inventor's
Signature

Date

3/01/04

Residence: City

NEW BERN

State

NC

Country

USA

Citizenship

USA

Mailing Address

2000 EARLS CT.

City

NEW BERN

State

NC

ZIP

28562

Country

USA

☒

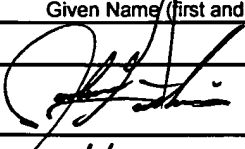

Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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DECLARATION**ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 1 of 1

| | | | |
|--|-----------------------|---|---------------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Joshua L. | | Guthrie | |
| Inventor's Signature  | | Date <u>3-01-04</u> | |
| Residence: City | <u>HARKERS ISLAND</u> | State | <u>NC</u> |
| | | Country | <u>US</u> |
| Citizenship <u>US</u> | | | |
| Mailing Address <u>PO BOX 523</u> | | | |
| Mailing Address | | | |
| City | <u>HARKERS ISLAND</u> | State | <u>NC</u> |
| | | Zip | <u>28531</u> |
| | | Country | <u>US</u> |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Michael | | McClees | |
| Inventor's Signature  | | Date <u>03/01/04</u> | |
| Residence: City | <u>Harelock</u> | State | <u>NC</u> |
| | | Country | <u>Craven</u> |
| Citizenship <u>US</u> | | | |
| Mailing Address <u>845 Beasley Lane</u> | | | |
| Mailing Address | | | |
| City | <u>Harelock</u> | State | <u>NC</u> |
| | | Zip | <u>28532</u> |
| | | Country | <u>US</u> |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | | Date | |
| | | | |
| Residence: City | | State | |
| | | Country | |
| Citizenship | | | |
| Mailing Address | | | |
| Mailing Address | | | |
| City | | State | |
| | | Zip | |
| | | Country | |

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If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Cline et al./Department of the Navy

Application No./Patent No.: _____ Filed/Issue Date: _____

Entitled: Multiple Engine Test SystemDepartment of the Navy, a government agency
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or2. ☐ an assignee of less than the entire right, title and interest.The extent (by percentage) of its ownership interest is _____ %
in the patent application/patent identified above by virtue of either:A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.

2. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.

3. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.☐ Additional documents in the chain of title are listed on a supplemental sheet.☒ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

3/8/2007
Date301-757-0582

Telephone number

Mark O. Glut

Typed or printed name

Mark O. Glut

Signature

Patent Attorney

Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

| | |
|------------------------|-----------------------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | Cline et al. |
| Title | Multiple Engine Test System |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | NC 96090 |

I hereby appoint:

☒ Practitioners associated with the Customer Number:

26493

OR

☐ Practitioner(s) named below:

26493

PATENT TRADEMARK OFFICE

| Name | Registration Number |
|------|---------------------|
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

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OR

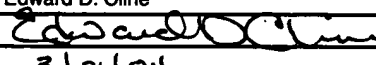
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| <input type="checkbox"/> Firm or Individual Name | | | | |
| Address | | | | |
| Address | | | | |
| City | | State | | Zip |
| Country | | | | |
| Telephone | | Fax | | |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|---|-----------|--------------|
| Name | Edward D. Cline | | |
| Signature |  | | |
| Date | 3/05/04 | Telephone | 252-464-7695 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 4 forms are submitted.

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| | |
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| Application Number | |
| Filing Date | |
| First Named Inventor | Cline et al. |
| Title | Multiple Engine Test System |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | NC 96090 |

I hereby appoint:



Practitioners associated with the Customer Number:

26493

OR



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26493

PATENT TRADEMARK OFFICE

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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The address associated with Customer Number:

OR

Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

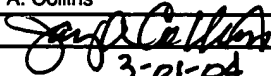
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Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | |
|-----------|---|
| Name | Jay A. Collins |
| Signature |  |
| Date | 3-21-04 |
| Telephone | 252-464 7619 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.



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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

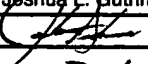
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|--|--|-------|--|-----|
| <input type="checkbox"/> Firm or Individual Name | | | | |
| Address | | | | |
| Address | | | | |
| City | | State | | Zip |
| Country | | | | |
| Telephone | | Fax | | |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|---|-----------|--------------|
| Name | Jeshua L. Guthrie | | |
| Signature |  | | |
| Date | 3.1.04 | Telephone | 252 464 9558 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 4 forms are submitted.

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| Application Number | |
| Filing Date | |
| First Named Inventor | Cline et al. |
| Title | Multiple Engine Test System |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | NC 96090 |

I hereby appoint:

☒ Practitioners associated with the Customer Number:

OR

☐ Practitioner(s) named below:

26493

26493

PATENT TRADEMARK OFFICE

| Name | Registration Number |
|------|---------------------|
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

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OR

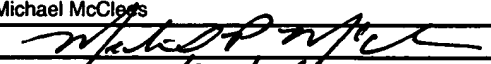
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|--|--|-------|--|-----|
| <input type="checkbox"/> Firm or Individual Name | | | | |
| Address | | | | |
| Address | | | | |
| City | | State | | Zip |
| Country | | | | |
| Telephone | | Fax | | |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|---|-----------|---------------|
| Name | Michael McClells | | |
| Signature |  | | |
| Date | 03/01/04 | Telephone | 464 9691 1252 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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